

Attachment B-8a

PHYSICIAN OTOLOGICAL REPORT FOR HEARING AID EVALUATION

PA/OF

- COMPLETE EACH ITEM ON FORM.
- GIVE FIRST PAGE TO THE RECIPIENT TO TAKE TO THE AUDIOLOGICAL CENTER.
- RETAIN SECOND PAGE FOR YOUR FILES.

1. PHYSICIAN NAME, ADDRESS, ZIP CODE I.M. REFERRING 1 W. WILLIAMS ANYTOWN, WI 53725	2. PHYSICIAN'S TELEPHONE NO. (XXX) XXX-XXXX 3. PHYSICIAN'S MEDICAL ASSISTANCE NO. 12345678	4. DATE OF EVALUATION AND PHYSICIAN'S SIGNATURE MM/DD/YY <u> </u> DATE <u> </u> SIGNATURE <u>J.M. Referring MD</u>
5. RECIPIENT'S MEDICAL ASSISTANCE I.D. NUMBER 1234567890	6. RECIPIENT'S NAME (LAST, FIRST, M.I.) RECIPIENT, IMA	7. RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE) 609 WILLOW ANYTOWN, WI 53725
8. SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	9. DATE OF BIRTH MM/DD/YY <u> </u>	

1. Pertinent medical history regarding hearing loss: 78 YEAR OLD WITH LOSS OF HEARING IN RIGHT EAR.

2. Pertinent otological findings:

EAR CANALS	NORMAL	DISCHARGE	EXTERNAL OTITIS	OBSTRUCTED	OTHER
Right	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Left	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
EAR DRUMS	NORMAL	PERFORATED	DISCHARGE		OTHER
Right	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Left	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
MIDDLE EAR	NORMAL	SECRETORY	CHRONIC OTITIS		OTHER
Right	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Left	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

ADDITIONAL OTOLOGICAL FINDINGS: Please indicate results of special studies such as caloric and postural tests, recruitment tests, etc.

3. Significant nose and throat pathology: Yes ☐ No ☒

4. Clinical Diagnosis of Hearing Status: PROFOUND HEARING LOSS. RF
MOD. SEVERE HEARING LOSS LF

5. Additional Information and Comments:

6. Other Known Medical Problems: HYPERTENSION

7. Medical Contraindications to the Use of an Air Conduction Type Hearing Aid in Either Ear: DO NOT AMPLIFY RT EAR

8. The use of Non-allergenic Earmold Material (is) ☒ (is not) recommended:

9. Physician's Recommendations: ☐ Audiological Testing ☐ Other Comments: CONSIDER AMPLIFICATION LEFT